



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Health Care Providers - Rehabilitative Services for Youth and Children (RSYC)

DATE: March 1, 2005

SUBJECT: PROPOSED Provider Manual Update Transmittal No. 9

REMOVE

| Section | Date |
|---------|----------|
| 212.100 | 10-13-03 |

INSERT

| Section | Date |
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| 212.100 | 3-1-05 |

Explanation of Updates

The purpose of this manual update is to incorporate into Section 212.100 the Division of Youth Services performing provider qualification requirements effective January 1, 2002.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

212.100 RSYC Services for Youth**3-1-05**

RSYC performing providers of services for youth must utilize "Qualified Professionals" to provide therapy and diagnostic services. A qualified professional is defined as a Master's level professional or Bachelor's level professional supervised by a Master's level clinician, or a Master's level psychologist supervised by a Ph.D. level psychologist who is licensed in the State of Arkansas in either psychology, social work or professional counseling. To be considered as a "Qualified Professional" the individual must be in good standing with the board by which he or she is licensed.

Rehabilitative Services for Youth and Children providers of Therapeutic Foster Care services to youth must utilize specially trained (or qualified) foster parents. Caregivers who provide this service in their homes, if not specially trained, must be specifically qualified to provide the service because they have an educational or a professional background that attests to qualification equal to or greater than that of caregivers who have received special training.

Rehabilitative services for youth will be provided only through qualified providers and provider agencies. Qualified rehabilitative services for youth provider agencies must meet the following criteria. Care is provided by qualified therapists, other qualified professionals and staff, qualified by experience and/or training, of certified rehabilitative services providers for youth. Rehabilitative services providers for youth must:

- A. Be certified by the State Youth Services Agency as having programs and professional staff capable of delivering the rehabilitative services offered under the Medicaid State Plan,
- B. Have full access to all pertinent records concerning the youth's needs for services including records of the Arkansas District Courts, local Youth Service Agencies, and State Youth Services Agency,
- C. Have established referral systems and demonstrated linkages and referral ability with community resources required by the target population,
- D. Have a minimum of one year's experience in providing rehabilitative services for youth,
- E. Have an administrative capacity to ensure quality of services in accordance with State and Federal requirements,
- F. Have a financial management capacity and system that provides documentation of services and costs in conformity with generally accepted accounting principles,
- G. Have a capacity to document and maintain individual case records in accordance with State and Federal requirements, and
- H. Have a demonstrated ability to meet all State and Federal laws governing the participation of providers in the State Medicaid program, including the ability to meet Federal and State requirements for documentation, billing and audits.